

local, and tribal government officials, members of Congress, veterans service organizations, private sector representatives, academics, and other policy experts;

(E) identify emerging issues, trends, problems, and opportunities that could affect health care services furnished under the laws administered by the Secretary;

(F) develop recommendations regarding both short- and long-term priorities for health care services furnished under the laws administered by the Secretary;

(G) after consultation with veterans service organizations and other key stakeholders on survey development or modification of an existing survey, consider a survey of veterans who have used hospital care, medical services, or extended care services furnished by the Veterans Health Administration during the most recent 2-year period to assess the satisfaction of the veterans with service and quality of care;

(H) conduct a comprehensive examination of programs and policies of the Department regarding the delivery of health care services and the demand of health care services for veterans in future years;

(I) assess the remediation of medical service lines of the Department as described in section 1706A of this title in conjunction with the utilization of non-Department entities or providers to offset remediation; and

(J) consider such other matters as the Secretary considers appropriate.

(c) **RESPONSIBILITIES.**—The Secretary shall be responsible for—

(1) overseeing the transformation and organizational change across the Department to achieve a high-performing integrated health care network;

(2) developing the capital infrastructure planning and procurement processes, whether minor or major construction projects or leases; and

(3) developing a multi-year budget process that is capable of forecasting future year budget requirements and projecting the cost of delivering health care services under such a high-performing integrated health care network.

(d) **APPROPRIATE COMMITTEES OF CONGRESS DEFINED.**—In this section, the term “appropriate committees of Congress” means—

(1) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(2) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(Added Pub. L. 115-182, title I, §106(a), June 6, 2018, 132 Stat. 1413; amended Pub. L. 115-251, title II, § 211(a)(11), Sept. 29, 2018, 132 Stat. 3175.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsecs. (a)(3)(B) and (b), is the date of enactment of Pub. L. 115-182, which was approved June 6, 2018.

AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115-251, § 211(a)(11)(A)(i), substituted “Secretary shall” for “Secretary of Veterans Affairs shall”.

Subsec. (a)(2)(B). Pub. L. 115-251, § 211(a)(11)(A)(ii)(I), substituted “Department across” for “Department of Veterans Affairs across”.

Subsec. (a)(2)(C). Pub. L. 115-251, § 211(a)(11)(A)(ii)(II), substituted “of this title” for “of title 38, as added by section 102”.

Subsec. (a)(2)(H)(i). Pub. L. 115-251, § 211(a)(11)(A)(ii)(III), substituted “Department” for “Department of Veterans Affairs”.

Subsec. (a)(4)(A)(iii). Pub. L. 115-251, § 211(a)(11)(A)(iii)(I), inserted “of this title” after “section 1703C”.

Subsec. (a)(4)(B). Pub. L. 115-251, § 211(a)(11)(A)(iii)(II), inserted “of this title” after “section 1703(b)”.

Subsec. (b)(2)(I). Pub. L. 115-251, § 211(a)(11)(B), inserted “of this title” after “section 1706A”.

Subsec. (c)(1). Pub. L. 115-251, § 211(a)(11)(C)(i), substituted “a high-performing” for “such high performing”.

Subsec. (c)(3). Pub. L. 115-251, § 211(a)(11)(C)(ii), inserted “such” before “a high-performing”.

SUBCHAPTER III—PROTECTION OF PATIENT RIGHTS

§ 7331. Informed consent

The Secretary, upon the recommendation of the Under Secretary for Health and pursuant to the provisions of section 7334 of this title, shall prescribe regulations establishing procedures to ensure that all medical and prosthetic research carried out and, to the maximum extent practicable, all patient care furnished under this title shall be carried out only with the full and informed consent of the patient or subject or, in appropriate cases, a representative thereof.

(Added Pub. L. 94-581, title I, §111(a)(1), Oct. 21, 1976, 90 Stat. 2849, §4131; renumbered § 7331 and amended Pub. L. 102-40, title IV, §§ 401(a)(4)(A), 402(d)(1), 403(a)(1), May 7, 1991, 105 Stat. 221, 239; Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984.)

Editorial Notes

AMENDMENTS

1992—Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director”.

1991—Pub. L. 102-40, § 401(a)(4)(A), renumbered section 4131 of this title as this section.

Pub. L. 102-40, § 403(a)(1), substituted “Secretary” for “Administrator”.

Pub. L. 102-40, § 402(d)(1), substituted “7334” for “4134”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Subchapter effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as an Effective Date of 1976 Amendment note under section 111 of this title.

§ 7332. Confidentiality of certain medical records

(a)(1) Records of the identity, diagnosis, prognosis, or treatment of any patient or subject which are maintained in connection with the performance of any program or activity (including education, training, treatment, rehabilitation, or research) relating to drug abuse, alcoholism or alcohol abuse, infection with the